



THE ASSOCIATION OF CONSULTING ENGINEERS OF ZAMBIA

Plot No. 37/1P Lake Road, St Eugene Office Park, Office No.6 , Lusaka, Lusaka, Zambia

Registration Form

Name of Training	Dates of Training
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Where You Heard About The Training

LOCATION	Lusaka
	Out of Lusaka

COMPANY DETAILS (PLEASE FILL IN USING BLOCK LETTERS)

Company Name			
Country			
City			
Postal Address			
Physical Address			
Tel			
Email			
Title	Surname	First Name	
Job Title	Email	Tel	

Method of Payment	Bank Deposit
	Cash
	Cheque
	EFT

BANK DETAILS

The candidate is required to make a full payment on return of this form to confirm the booking. Payment must be made to the following bank details:

ACEZ ACCOUNT DETAILS

Kwacha account

ACC- 0011040000102

A/C – ASSOCIATION OF CONSULTING ENGINEERS OF ZAMBIA KWACHA

BANK- INDO ZAMBIA BANK

SWIFT CODE - INZAZMLX

SAVINGS ACCOUNT

MAIN BRANCH

CANCELLATION POLICY

Notice of a training candidate's intent to cancel a registration must be made in writing to ACEZ and is subject to the following terms: Training candidates whose cancellation request is received in excess of 14 working days prior to the start date of the training activity will incur no liabilities, 10 working days prior to the start date of the training attracts 50% of the training fee, 5 working days or less prior to the start date of the training, the candidate will be liable to pay the full training fee.

Failure to attend the training does not constitute cancellation. ACEZ reverses the right to revise the program and speaker details, without notice or penalty. In the event that there is a change in the location/ venue of the training, the candidates will be informed.

Cancellation of the training by ACEZ for any reason whatsoever shall be communicated to the candidate via the contact details furnished in this form and the equivalent amount that was paid to ACEZ shall be refunded without penalties. ACEZ will not be liable for covering airfare, accommodation or other related travel costs incurred by the candidate due to the cancellation or postponement of the training.

Name	Date	Signature
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